**COVER PAGE Recipient Committee** Date Stamp CALIFORNIA Campaign Statement Received FORM Oxnard City Cover Page Date of election if applicable: Statement covers period 2016 SEP 29 PM 2 2 For Official Use Only (Month, Day, Year) Jul 1st 2016 from Sept 24th 2016 Nov 8th 2016 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Primarily Formed Ballot Measure ✓ Officeholder, Candidate Controlled Committee Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Controlled ○ Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Pert 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1389232 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Sade Flores-Haro Genevieve Flores-Haro for Oxnard City Council 2016 MAILING ADDRESS 1937 Lago Lane STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 1937 Lago Lane CA 93036 805-351-2010 Oxnard CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE CA 93036 805-351-2010 Oxnard MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS GFH4OCC@gmail.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ..

Executed on ..

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

### Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PAR	T 2
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F	ORM	1.2	(0)	
Page _	2	of	11	-

Officeholder or Candidate Controlled Con	mittee	6.	Primarily Formed Ballo	t Measure Comm	nittee	
NAME OF OFFICEHOLDER OR CANDIDATE	nadocitica (acentoemo muiapea a chi fishibilatmintati istologan e programeno consenso e que con esta no consens supe		NAME OF BALLOT MEASURE	oonsi Alva Pooliinin yh Aivastata sa oleva Euressia täätä täänää toisia kinnin seelatalaaskaa keel	nn ta 2000 sentem system allere for all logar for all loga	drawn ar in 1999 an Aireann agus an Aireann agus an Aireann agus agus an Aireann agus agus an Aireann agus agu
Genevieve Flores-Haro						
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Oxnard City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		A.b. abi ab a in and			
1937 Lago Lane Oxno	ard, CA 93036		Identify the controlling office			onent, if any.
manya, baykan dasaran kawa kata kata kata kata kata kata kata	recologistic purposition of Contemporary Society Contemporary Contempo		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONE	NT	
Related Committees Not Included in this				myonnian et ille ille omore di nive tribed i production avenue and avenue representation absolute	elikasponnaksessi vii ussa engyhännaspikkispioonia paleessi kaleessi kaleessi kaleessi kaleessi	comalusiperitation (visiga palaino repuber organis o tribute properties de la company de la company de la comp
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your c			OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		Market Harm to hard an increase of the Collection of the Collectio	ang the state of t		en de la compresentation de la compresentati
771-122 / I Sandas (V 178 Con.	9 F- 60 - 7 Q G 1 1 7 3 20 3 20 C C					
	and the second s	-7	Primarily Formed Cand	lidata/Officabald	las Camunithan	
NAME OF TREASURER	CONTROLLED COMMITTEE?	<i>i</i> .	officeholder(s) or candidate(s)	for which this comm	ittee is primarily form	st names or ed.
	YES NO		NAME OF OFFICEHOLDER OR O	ALIDIDATE FOREI	CE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)		WANTE OF OFFICEROLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER					☐ OPPOSE
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NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	
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CITY STATE Z	IP CODE AREA CODE/PHONE					
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# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Genevieve Flores-Haro

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA ACO
from Jul 1st 2016	FORM 40U
through Sept 24th 2016	Page3 of11
	I.D. NUMBER
	1389232

Contributions Received		Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	5031.00	\$	5031.00	General Elections
2. Loans Received		250.00		250,00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	5281.00	\$	5281.00	20. Contributions  Received \$ 0 \$ 0
4. Nonmonetary Contributions	,	100.00		100,00	21 Eynenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	5381.00	\$	5381.00	Made \$ 0 \$ 0
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made	\$	<u>1619.25</u>	\$	<u>1619.25</u>	Candidates
7. Loans Made Schedule H, Line 3		0		0	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1619.25	\$	1619.25	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		219.83		219.83	Date of Election Total to Date
10. Nonmonetary Adjustment		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	1839.08	\$	1839.08	\$0
Current Cash Statement	2002/06/3	under kille konstanti tirake kanada kana Kanada kanada kanad			<u> </u>
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0	To	calculate Column B.	
13. Cash Receipts		5281.00	la	dd amounts in Column	
14. Miscellaneous increases to Cash		0		to the corresponding mounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		1619.25		your last report. Some mounts in Column A may	reported in Cosamin S.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	3661.75	b	e negative figures that	
If this is a termination statement, Line 16 must be zero.			p	nould be subtracted from revious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2	\$	0	fil	is is the first report being ed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts			fr	om Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0	3	ny).	
19. Outstanding Debts					FPPC Form 460 (Jan/2016)
	*				FPPC Advice: advice@fppc.ca.gov (866/275-3772)
					www.fppc.ca.gov

#### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALEGRAIA ACO

Statement covers period

and some and some of A		from Jul 1s	t 2016	FORM 400				
SEE INSTRUCTK	ONS ON REVERSE			through Sept 2	24th 2016	Page of11		
NAME OF FILER		ngung dengung ngung nghipun ngunggang mengang peptand ngain gibiling America di melan m				I.D. NUMBER		
Geneviev	e Flores-Haro					1389232		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. :	AR TO DATE		
8/14/16	Donna Burland 3200 Isle Way Oxnard, CA 93035	IND   COM   OTH   PTY   SCC	Senior HR generalist Paychex, Inc	100.00	100.0	00		
8/15/16	Dr. Ramon Flores 2210 Wankel Wat, Apt 302 Oxnard, CA 93030	IND COM OTH STY	Engineer U.S Navy	500.00	500.0	00		
8/15/16	Yolanda Barretto 1937 Lago Lane Oxnard, CA 93036	IND COM OTH PTY	High School Counselor Oxnard Unified High School District	500.00	500.0	00		
8/15/16	David Rodriguez 1037 Garrido Dr Camarillo, CA 93010	IND COM OTH PTY SCC	Retired	250.00	250.0	00		
8/29/16	Arthur Valenzuela, Jr. 2300 Lions Gate Dr. Oxnard, CA 93030	☑ IND □ COM □ OTH □ PTY □ SCC	Longshoreman Pacific Maritime Longshoreman	5.00	5.0	00		
-			SUBTOTAL 9	1450.00				
Schedule	A Summary				*Cont	ributor Codes		
	eceived this period – itemized monetary contributions all Schedule A subtotals.)		\$\$	3625.00	,	Individual  - Recipient Committee (other than PTY or SCC)		
2. Amount r	received this period – unitemized monetary contribution	ns of less tha	in \$100\$	1406.00	OTH-	- Other (e.g., business entity)		
	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	lumn A. Line	1.)TOTAL \$	5031.00	l scc.	PTY – Political Party SCC – Small Contributor Committee		

### **Schedule A (Continuation Sheet)**

Gavin Goorjian

David Pollock

Christina Urias

Las Vegas, NV 89145

Moorpark, CA 93021

919 La Vuelta Place

Santa Paula, CA 93060

851 S. Rampart Blvd, Suite 105

13192 Shadow Wood Place

Amounts may be rounded

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PTY SCC **IND** 

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СОМ

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□ PTY □scc SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o	dollars.	Statement coverage from Jul 1st	•	california 460 form			
				through Sept 2	4th 2016	Page_			
NAME OF FILER						I.D. NUI	age and a second		
Genevieve I	Flores-Haro			20 http://www.		13892	32		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	D THIS CALENDAR YE		CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
9/5/16	Jason Duong 926 Halifax Rd Oxnard, CA 93035	☑ IND □ COM □ OTH □ PTY □ SCC	Student	100.00	100.	.00			
9/13/16	Mark Lisagor 477 Calle Higuera Camarillo, CA 93010	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Oxnard Children Dental Group	250.00	250	.00			
	0	☑ IND	Formation View Densides A						

**Executive Vice President** 

**Business Development** 

Pollock Consulting

Santa Paula Unified

**School District** 

Peccole Nevada

Corporation

Trustee

	-	-	-	
*Ca	ntrib	utor	Coc	les

IND - Individual

9/13/16

9/13/16

9/13/16

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

SUBTOTAL \$

400.00

250.00

100.00

1100.00

400.00

250.00

100.00

# Schedule A (Continuation Sheet)

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COLEDINE A MONTH

Monetary Contributions Received		to whole d		Statement cove	•	CALIFORNIA 460		
				through Sept 2		Page _	6 of 11	
NAME OF FILER						I.D. NUMBER		
Genevieve Flores-Haro				TERMINATION DOUGHES AND AND PROPERTY OF THE PR		13892	32	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y	EAR	PER ELECTION TO DATE	

SUBTOTAL\$ 645						
9/21/16	Brad Hudson 1111 Manitou Rd Santa Barbara, CA 93101	IND   COM   OTH   PTY   SCC	Senior Field Representative CA State Senate	100.00	100.00	
9/21/16	Stanley Mantooth 1232 Vista Del Cima Camarillo, CA 93010	ZIND COM OTH PTY SCC	Superintendent of Pub. Schools Vta County Office of Ed	250.00	250.00	
9/18/16	Arthur Valenzuela, Jr 2300 Lions Gate Dr Oxnard, CA 93030	ZIND COM OTH PTY SCC	Long Shoreman Pacific Rim	95.00	100.00	
9/18/16	Jeannette Sanchez-Palacias 618 Skyline Rd Ventura, CA 93003	ZIND COM OTH PTY SCC	District Director California State Assembly	100.00	100.00	
9/17/16	Sandra Delgado 934 M Court Oxnard, CA 93030	☑ IND □ COM □ OTH □ PTY □ SCC	Customer relations assistant City of Thousand Oaks	100.00	100.00	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

NAME OF FILER

Genevieve Flores-Haro

1389232

Genevieve i	-lores-Haro				13892	.32
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/16	Kimiko Soto 3310 Taffrail Lane Oxnard, CA 93036	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Oxnard School District	100.00	100.00	
9/13/16	Ed Lopez 3410 Isle Way Oxnard, CA 93035	☑ IND □ COM □ OTH □ PTY □ SCC	Supervisor E.J. Harrison and Sons	100.00	100.00	
9/13/16	Marlyn Ibarra 1445 Visalia St. Oxnard, CA 93035	☑ IND □ COM □ OTH □ PTY □ SCC	Accounting Assistant Santa Barbara Center for Performing Arts	125.00	125.00	
9/13/16	Sandy Tanzil 7838 Bleriot Ave Los Angeles, CA 90045	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Tax Manager El Camino Management Company	100.00	100.00	
9/13/16	Sade Flores-Haro 1937 Lago Lane Oxnard, CA 93036	IND COM OTH PTY	Registered Veterinarian Technician Dr. Battier's Vet Clinic	100.00	100.00	
SUBTOTAL \$ 525.00						

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

	A com-	ounts may be ro	in miles one o				SCHEI	DULE 8 - PART
Schedule B – Part 1	₹₹₽ <i>₽</i> %.	Γ	Statement cove	ers period	CALIFORN			
Loans Received		from .					FORM 40U	
SEE INSTRUCTIONS ON REVERSE					through Sept 2	24th 2016	Page 8	of11
NAME OF FILER							I.D. NUMBER	
Genevieve Flores-Haro							1389232	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(r) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Genevieve Flores-Haro	Associate Director			☐ PAID				CALENDAR YEAR
	Mixteco Indigena	and the second s		s0	\$ 250.00	O_%	s <u>250</u>	s <u>250</u>
	Community Organizing	Secondaring	***	FORGIVEN		HAIE	Parlimental Spiriter	PER ELECTION*
<sup>†</sup> ☑IND □ COM □ OTH □ PTY □ SCC	Project	\$_250.00	\$ 250.00	\$C	11/30/16 DATE DUE	\$0	8/17/16 DATE INCURRED	sO
				☐ PAID				CALENDAR YEAR
		e-many definition of the second of the secon		s	_ \$	%	\$	\$
		delication		FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	n de mariamente primera que de maria que de mariamente propriedad de maria de primera de mariamente proprieda de mariamente pr			☐ PAID				CALENDAR YEAR
		*revolution**		\$	_ \$	%	\$	\$
	The state of the s	<b>N</b> JAGO PANGANANANANANANANANANANANANANANANANANAN	- Andrews - Andr	FORGIVEN	Michael Andrews	RATE	— the consequences	PER ELECTION
† ND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$ 250.00	\$	0 \$ 250.00	\$ 0		
Schedule B Summary						(Enter (e) an Schedule E, Line 3)		
1. Loans received this period			**************	\$	250.00			
(Total Column (b) plus unitemized loar	ns of less than \$100.)					(†	Contributor Codes	**************************************
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$1</li> </ol>		****************	********************	\$	0	8	ND – Individual COM – Recipient C (other than	ommittee PTY or SCC)

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

PTY - Political Party

(May be a negative number)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

	Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.	to whole delice			period	SCHEDULE C		
14.01111.01	iomi à poissination de l'oponage				from .	Jul 1st 20		FO		
SEE INSTRUC	TIONS ON REVERSE				throu	gh <u>Sept 24th</u>	2016	Page	9 of 11	
NAME OF FILE			enderministen urb eighe eighe der der der von der	<del>anta menanta da anta mananta da anta da</del>	<del> </del>	Productivity of the security o		I.D. NUME	BER	
Genevie	ve Flores-Haro			SSWEATH AND ADDRESS OF THE ADDRESS O				138923	2	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE AR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/18/16	Lauraine Effress 2831 S. Harbor Blvd Oxnard, CA 93035	☑IND □COM □OTH □PTY □SCC	Retired	Food, and dri for meet and greet	nks	100.00	- Control of the Cont	100.00		
		□IND □COM □OTH □PTY □SCC			de de la companya de					
		□IND □COM □OTH □PTY □SCC			e de de des de la companya de la com					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			and the second s					
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL \$	100.00				
Schodiii	e C Summary									
1. Amount	received this period – itemized nonmoneta all Schedule C subtotals.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	100.00	INI		nt Committee	
·	received this period – unitemized nonmone							"H – Öther (e	han PTY or SCC) e.g., business entity)	
3. Total no	nmonetary contributions received this periones 1 and 2. Enter here and on the Summa	ıd.				100.00	sc	Y – Political C – Small C	contributor Committee	

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Genevieve Flores-Haro				Statement covers period  from Jul 1st 2016  through Sept 24th 2016	CALIFO FOR Page1.D. NUMB	0 of 11 ER
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, you MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deliv PRO professional so	munications I appearance ses lating urvey researd very and mes	s ch senger services	erwise, describe the payment.  RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, ar TSF transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESC		ESCRIPTION OF PAYMENT		AMOUNT PAID
City of Oxnard 305 W. 3rd St Oxnard, CA 93030			Candidate filing	statement		1300.00
Bullseye Marketing 19425 Londelius St Northridge, CA 91324		CMP	Rally signs			250.18
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.		SÚ	IBTOTAL \$	1550.18
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E subtotals.)						1550.18
2. Unitemized payments made this period of under \$100						
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						1619.25
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						

Schedule			
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA 460 Statement covers period ful 1et 2016

wonten evhanses (suban mus)			from	2010		
SEE INSTRUCTIONS ON REVERSE			through Sept 2	4th 2016	Page .	11 of 11
NAME OF FILER			and the second s		I.D. NUN	IBER
Genevieve Flores-Haro					13892	32
					o de la companya de	
CODES: If one of the following codes accurately describes  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	the payment, you may enter the code. Otherwise, describe the payment.  MBR member communications RAD radio airtime and production cost meetings and appearances RFD returned contributions  OFC office expenses SAL campaign workers' salaries  PET petition circulating TEL t.v. or cable airtime and production cost meetings and appearances  PHO phone banks TRC candidate travel, lodging, and messenger services postage, delivery and messenger services  PRO professional services (legal, accounting)  PRT print ads WEB information technology costs (in				n costs eals meals he sam	e candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAI THIS PERIO (ALSO REPORT O	D	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Betsy Avila 1681 65th St, C1 Brooklyn, New York 11204	WEB	0	219.83		0	219.83
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0	\$ 219.83	5	0 5	219.83
Schedule F Summary				1		
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a</li> </ol>	chedule F, Column (b) sul accrued expenses under S	ototals for \$100.)	INCL	JRRED TOTAL	LS \$ _	219.83
Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitermized payments on accrued expenses under \$100.)						0
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	********************************	: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	######################################	ets <sub>t</sub>	219.83 Nay be a negative number

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